

**KANSAS STATE FIRE MARSHAL**

700 S. W. Jackson, Suite 600  
Topeka, Kansas 66603-3714  
Phone (785) 296-3401  
Fax (785) 368-6559

**APPLICATION FOR PERMIT TO BLAST EXPLOSIVES**

(Set 1 of 1 Set)

200-3  
KSFM  
2007

**For KSFM Use Only**

Permit #

Date of Issue:

Date of Expiration:

NOTE: Use typewriter or print with ball point pen.

1. Name (Last, First, Middle)		Residence Phone		3. Male <input type="checkbox"/> Female <input type="checkbox"/>		
2. Address		City		4. Date of Birth (Month, Day, Year) _____ Age _____		
State		Zip Code		5. Social Security Number (Optional) _____		
		County		6. Height _____ 7. Weight _____		
E-mail (required):				8. Scars, Marks, Tattoos _____		
				9. Other names used _____		
10. Employer Information		11. Application is made for a permit under K.A.R. 22-1-3		12. Class of Permit Desired		
Name		Business Phone Number		<input type="checkbox"/> A. Unlimited		
Address		Mark Appropriate Box:		<input type="checkbox"/> B. General above ground		
City		New Application <input type="checkbox"/>		<input type="checkbox"/> C. General underground		
State		Renewal <input type="checkbox"/>		<input type="checkbox"/> D. Demolition		
Zip Code		Expired Permit # _____		<input type="checkbox"/> E. Seismic Prospecting		
		Employer Permit # _____		<input type="checkbox"/> F. Agriculture		
				<input type="checkbox"/> G. Special (Describe)		
				_____		
				_____		
13. Experience in the Use of Explosives (Type of work performed, years)						
14. Have you been instructed in the use of explosives? <input type="checkbox"/> Yes <input type="checkbox"/> No						
15. By? Name _____						
Address _____						
16. Cite 3 examples of your use of explosives (How explosive was used)						
17. During the term of the Permit applied for the Applicant intends to use (See instructions for definitions of classes of explosives)						
Place X in the appropriate blocks <input type="checkbox"/> High Explosives <input type="checkbox"/> Blasting Agents						
18. The Applicant intends to use the following listed types of explosive materials (Dynamite, TNT, etc.)						
Give full details on separate sheet for all "Yes" answers in items 19 & 20				Yes	No	
19. Is Applicant	A. Charged by information or under indictment in any court for a crime punishable by imprisonment for a term exceeding 1 year					
	B. A fugitive from justice					
	C. Under 21 years of age					
	D. An unlawful user of or addicted to marijuana or any depressant, stimulant, or narcotic drug					
20. Has Applicant Ever	A. Been convicted in any court of a crime punishable by imprisonment for a term exceeding 1 year					
	B. Been adjudicated as a mental defective or been committed to any mental institution					
21. CERTIFICATION: Under the penalties of perjury, I declare that I have examined this application and documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct, and complete. I also certify that I am familiar with all published State laws and local ordinances relating to explosive materials for the location in which I intend to blast. I also acknowledge that I must pass an examination before obtaining a permit.						
Applicant's Signature				Title	Date	
<b>FOR OFFICE USE ONLY</b>						
Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal				Reviewed by:		Date
Application is: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved						